



SAFETY AND BUILDINGS DIVISION
Inspection/Rental
P.O. Box 2538
Madison, Wisconsin 53701-2538
TDD #: (608) 264-8777
<http://www.commerce.state.wi.us/sb>

Summary of Work-Related Injuries and Illnesses

Year 20 __

Per Comm 32.10, all Wisconsin public employers must complete and submit this summary form, or the equivalent OSHA 300A form, to the state Department of Commerce by March 1 of each year, even if no work-related injuries or illnesses occurred during the year. Review your "Log of Work-Related Injuries and Illnesses" to verify that the information you provide is complete and accurate. Using the log, count the individual entries you made in each category. Write the totals below, making sure you've added the entries from each page of the Log. If you had no cases, write "0." Please print.

Number of Cases

Total number of deaths:	Total number of cases with days away from work:	Total number of cases with job transfer or restriction:	Total number of other recordable cases:
_____	_____	_____	_____

Number of Days

Total number of days away from work:	Total number of days of job transfer or restriction:
_____	_____

Injury and Illness Types

Total number of: (1) Injuries _____	(4) Poisonings _____
(2) Skin disorders _____	(5) All other illnesses _____
(3) Respiratory conditions _____	

Establishment Information

Establishment name: _____

FEIN number: _____

Street address: _____

Mailing address (if different than street address): _____

City: _____ State: _____ Zip: _____

County: _____

Employment Information

Annual average number of employees: _____

Total hours worked by employees last year: _____

Contact Information

Employer contact name: _____

Title: _____

Telephone number: _____

Date: _____

Work email address: _____

Return this summary by March 1 of each calendar year to the Safety and Buildings Division at the address above, or email to IntegratedServices@commerce.state.wi.us, or fax to 608-283-7408